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The Role of Palliative Care Educational Program in Improving the Skills of Medical Practitioners

Dr Vinesh G Oommen¹, Professor Patsy Yates¹, Nhu Tran¹

¹ Institute of Health and Biomedical Innovation, Queensland University of Technology,
60 Musk Avenue, Kelvin Grove, Brisbane, Queensland 4059, Australia

Background

With Australia's population ageing, the demand for palliative care training and education for medical practitioners will amplify markedly in the coming years. As major providers of health services to people who are dying, general practitioners will need to ensure they are prepared to provide quality care at end of life.

Aims

The Program of Experience in the Palliative Approach (PEPA) started in 2003 as an initiative of the Australian Government, Department of Health and Ageing. The overall aim of PEPA is to improve the quality, availability and access to palliative care for people who are dying, and their families, by improving the skills and expertise of health practitioners, and enhancing collaboration between primary and specialist palliative care services. PEPA provides medical practitioners with an opportunity to develop knowledge and skills in the palliative approach to care through funded clinical workforce placements or workshops.

Methods

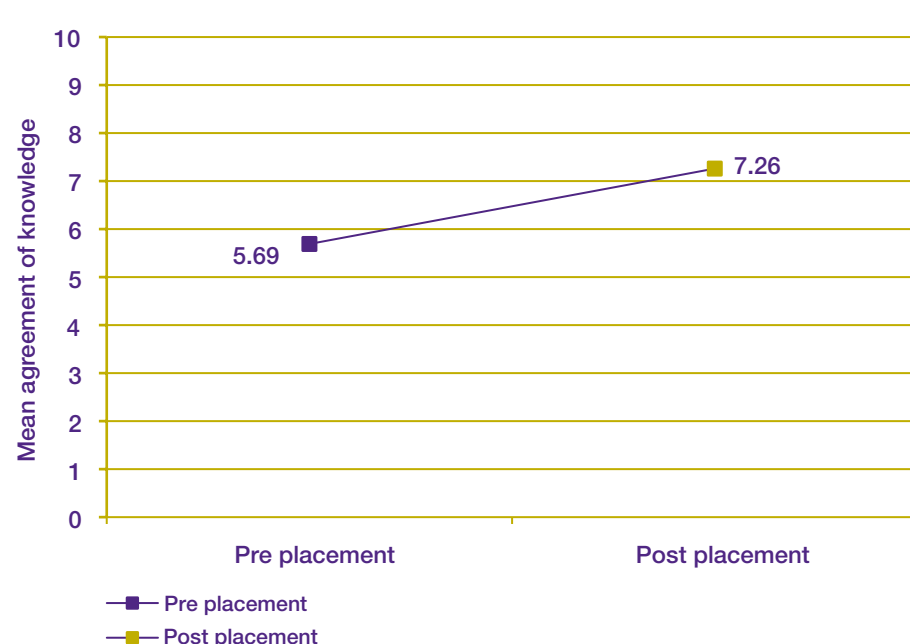
From Jan 2005 to Dec 2007 a total of 265 medical practitioners had undertaken PEPA clinical placements across Australia. Medical practitioners' were surveyed using questionnaires before and three months after their placement to evaluate the impact of the program on knowledge, confidence and practice.

Results

A total of 63 medical practitioners completed both pre and post placement questionnaires. Responses to all items reflected improvements in knowledge, skills and practices following the PEPA placement.

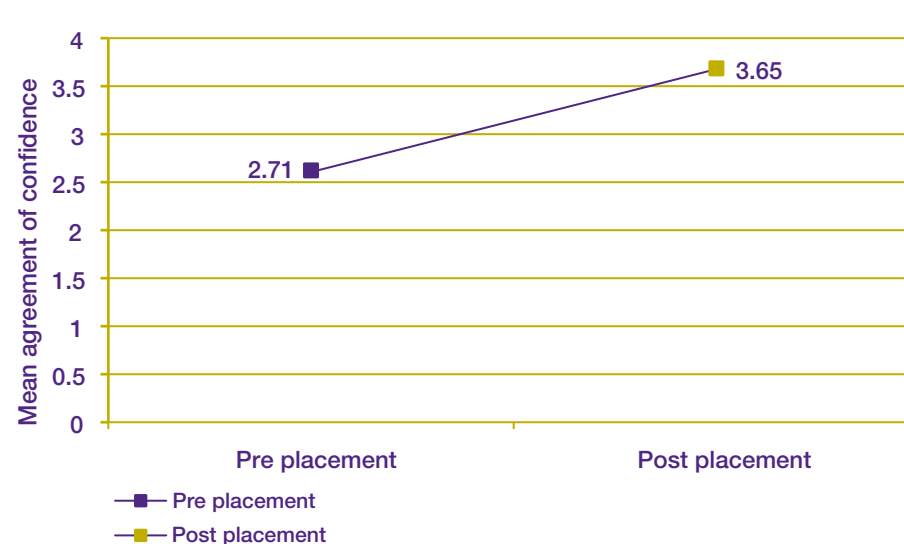
Medical practitioners who responded to the evaluation survey reported an increased knowledge of the palliative approach to care, with mean score on a 10 point scale increasing from 5.69 (SD=1.72) pre-placement to 7.26 (SD=1.01) post-placement [See Figure 1].

Figure 1: General Practitioners Rating of Knowledge of Palliative Care



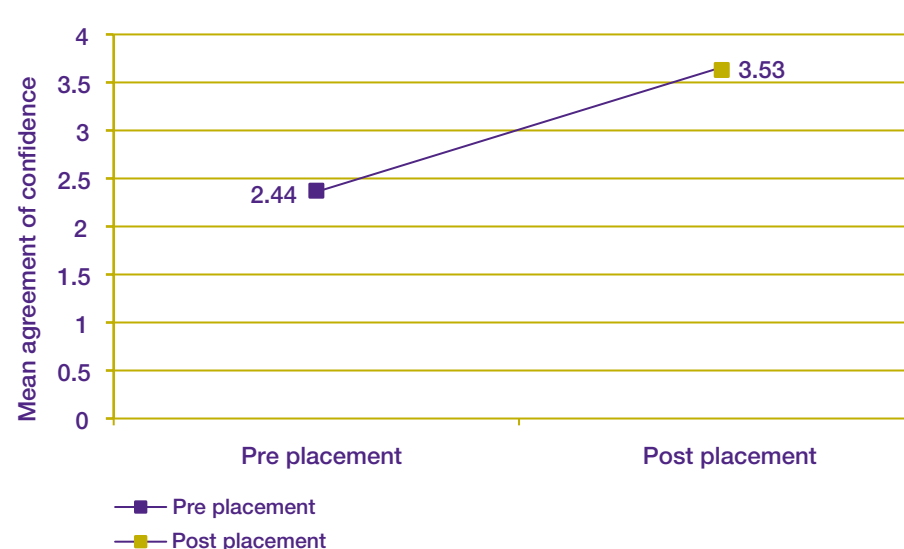
Medical practitioners reported more confidence in managing pain in people with a life-limiting illness, with mean score on a scale from 1=need further basic instruction to 4=confident to perform independently increasing from 2.71 (SD=0.79) pre-placement to 3.65 (SD=0.57) post-placement [See Figure 2].

Figure 2: Confidence in Managing Pain



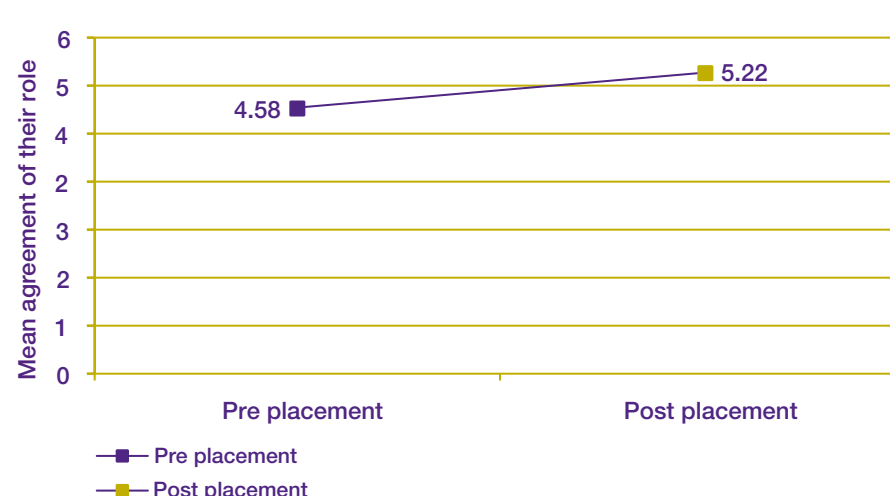
Medical practitioners also reported more confidence in managing other symptoms that the patient reports, with a mean score on a scale from 1=need further basic instruction to 4=confident to perform independently increasing from 2.44 (SD=0.77) pre-placement to 3.53 (SD=0.53) post-placement [See Figure 3].

Figure 3: Confidence in Managing Other Symptoms



Responses indicated that medical practitioners reported a better understanding of their role in providing competent care for people with a life-limiting illness with mean scores on a scale ranging from 1=strongly disagree to 6=strongly agree increasing from 4.58 (SD=0.92) pre-placement to 5.22 (SD=0.77) post-placement [See Figure 4].

Figure 4: Better Understanding of their Role



Responses also indicated that medical practitioners reported a better understanding of their role in providing competent care for people who identified themselves as an Aboriginal and Torres Strait Islander people (mean score increased from 3.22 (1.32) to 4.80 (0.75)) and those from culturally and linguistically diverse backgrounds (mean score increased from 3.20 (1.20) to 4.71 (0.86)). [Scale ranging from 1=strongly disagree to 6=strongly agree, as shown in Figure 5 and 6 respectively]

Figure 5: Providing Competent Care for People from Indigenous Backgrounds

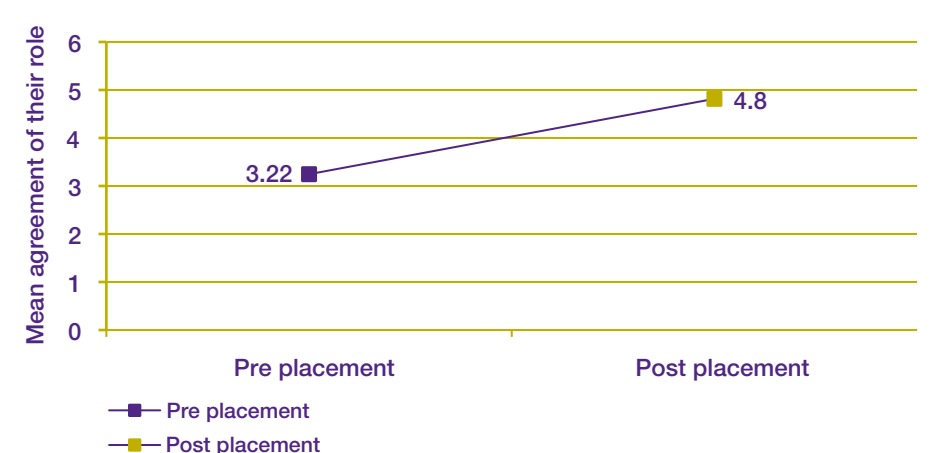
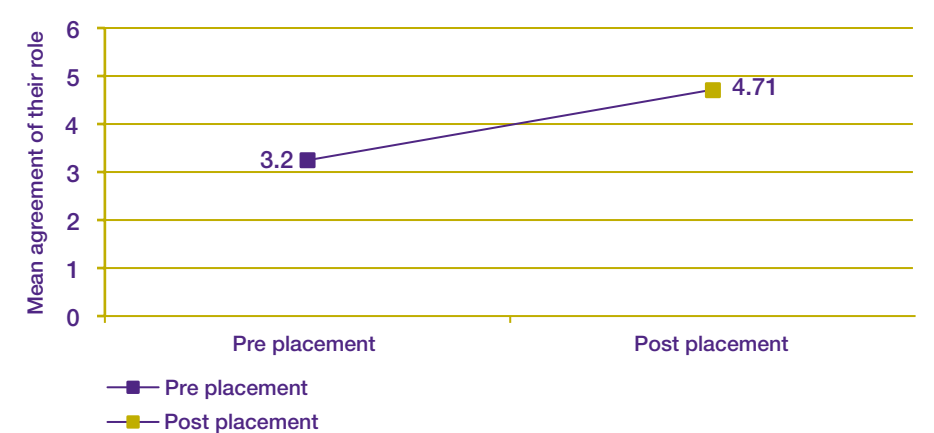


Figure 6: Providing Competent Care for People from CALD Backgrounds



Conclusion

Overall the data indicate that PEPA participants' knowledge and confidence in palliative approach to care has increased. Therefore, it is imperative that programs like PEPA are sustained on a long term basis to provide medical practitioners the opportunity to increase their knowledge, skills and experience in palliative care.

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Corresponding Author

Dr Vinesh Oommen
Email v.oommen@qut.edu.au
Website www.pepaeducation.com
Phone +61 7 3138 6124
Fax +61 7 3138 6030